

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 022358

State File No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5191	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 31 St. Louis State Hospital				e. STREET ADDRESS (If rural, give location) 2267 1516 Warren			
3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) c. (Last) Boczek				4. DATE OF DEATH (Month) June (Day) 1 (Year) 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 13, 1893	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hospital Attendant		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 63		11. BIRTHPLACE (City and State or Foreign Country) St. Louis -Mo.	
13a. FATHER'S NAME Joseph O'Keefe				13b. MOTHER'S MAIDEN NAME Alice Nellie		14. NAME OF HUSBAND OR WIFE Stanley Boczek	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Stanley Boczek 1516 Warren, St. Louis, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a); (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Brain Syndrome asso. with other disturbance of metabolism, growth or nutrition- Alheimers Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) nutrition- Alheimers Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			
21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec. 23, 1953 , to June 1, 1957 , that I last saw the deceased alive on June 1, 1957 , and that death occurred at 2:30 a.m. , from the causes and on the date stated above.				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
23a. SIGNATURE Deena Ayman W.D. (Degree or title)				23b. ADDRESS 5400 Arsenal Street			
23c. DATE SIGNED 6-1-57				24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			
24b. DATE June 4/57				24c. NAME OF CEMETERY OR CREMATORY Calvary Cemtery			
24d. LOCATION (City, town, or county) (State) St Louis Mo.				25. FUNERAL DIRECTOR'S SIGNATURE Central Und Co 1841 Cass ave			
DATE REC'D BY LOCAL REG. JUN 3 '57				REGISTRAR'S SIGNATURE J. Earl Smith m.d. S.P. (Licensed Embalmer's Statement on Reverse Side)			

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Ju Rister

Licensed Embalmer No. 3980

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.